

## FY24 Arts and Humanities Project Grant Reimbursement Form

Grant Title:		
Name of Organization:		
Remittance Address:		
(Check should be mailed)		
Primary Contact		
Title:		
Name:		
Phone Number:		
Email Address:		
Signature:	Date:	<u> </u>
Name:		
Title:		

Please review your grant proposal and the goals of the grant program before answering the following questions.

Grant funds are paid on a reimbursement basis. The grant recipients must submit documentation to the City of Falls Church in the form of itemized receipts and expenditures consistent with the amount awarded and project description. Receipts deemed not relevant to the original project will not be reimbursed. Projects must be completed and accessible to the public by the end of the fiscal year for reimbursement approval.

	your project complete? If so, please describe the outcome of your projec					
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If available, please attach copies of relevant materials such as a brochure, article, photo that describes the projects accomplishments or links to online materials

## **Financial Information**

Expenses must match the budget submitted with the application. Copies of paid receipts, credit card statements or cancelled checks must be submitted with the reimbursement form. Purchase orders are not acceptable proof of payment.

Vendor Name	Description	Amount
		\$0
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Total	\$	\$0